

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO.

REGISTRAR'S NO. 593 1499

STATE FILE NO.

22106

1. PLACE OF DEATH a. COUNTY <u>King</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Washington</u> b. COUNTY <u>King</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Seattle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seattle</u> <u>D11</u>	
c. LENGTH OF STAY (in this place) <u>732 days</u>		d. STREET (If rural, give location) ADDRESS <u>113 1/2 First Ave. So.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>King Co. T. B. Hospital</u>			
3. NAME OF a. (First) DECEASED (Type or print) <u>BERT</u>		b. (Middle) <u>(R)</u> c. (Last) <u>YOCKEY</u>	
4. DATE OF DEATH <u>December 21, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-27-1881</u>
9. AGE (In years last birthday) <u>70</u>		10. If Under 1 Yr. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dick Yockey</u>		14. MOTHER'S MAIDEN NAME <u>Mary Anne Stace</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Hospital Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a) (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) _____ Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. <u>19</u> , 19 <u>48</u> Dec. <u>21</u> , 19 <u>51</u> , that I last saw the deceased alive on Dec. <u>21</u> , 19 <u>51</u> , and that death occurred at <u>3:00</u> <u>P.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joy R. Jappe</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Firland Sanatorium</u> 23c. DATE SIGNED <u>12-21-51</u>	
23d. ADDRESS <u>1704 E. 150th, Seattle 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waterloo, Iowa</u>	
24d. LOCATION (City, town, or county) (State) <u>Waterloo, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>DEC 24 1951</u>	REGISTRAR'S SIGNATURE <u>S. P. Lehman</u>		25. FUNERAL DIRECTOR <u>Johnson & Sons</u> ADDRESS <u>1103 - E. Madison Seattle, Wash.</u>

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